

**AMERICANS WITH DISABILITIES ACT (ADA)
AFFIDAVIT FOR MARYLAND PUBLIC POOLS
AND SPAS**

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DHMH)
Division of Community Services (DCS)
6 St. Paul Street, Suite 1301, Baltimore, Maryland 21202-1608
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Toll Free: 1-877-4MD-DHMH ext. 8417

Who should use this form?

- Maryland pools and spas regulated by the Department of Health and Mental Hygiene

Why must I complete this form?

- To document the pool or spa compliance status with the 2010 ADA Standards for Accessible Design

When do I need to submit this form to the local health department?

- No later than March 15, 2012

What happens if the form is not submitted?

- The operating permit for the pool or spa will be denied or suspended

Maryland pools and spas regulated by the Department of Health and Mental Hygiene are required to comply with disability access laws (COMAR 10.17.01.37). The U.S. Department of Justice (USDOJ) published revised regulations for Titles II and III of the Americans with Disabilities Act of 1990 ("ADA") in the Federal Register on September 15, 2010. These regulations adopted revised, enforceable accessibility standards called the 2010 ADA Standards for Accessible Design ("2010 Standards" or "Standards"), which are available online at http://www.ada.gov/2010ADASTandards_index.htm. The 2010 Standards set minimum requirements – both scoping and technical – for State and local government facilities, public accommodations, and commercial facilities to be readily accessible to and usable by individuals with disabilities. To determine if your facility is required to meet the 2010 ADA Standards, please see the information and guidance on the ADA website, for example, http://www.ada.gov/pools_2010.htm, contact the USDOJ for assistance at 1-800-514-0301, or consult with your attorney. The 2010 ADA Standards go into effect on **March 15, 2012**.

Provide the following information about your facility:

Name of Owner: _____

Mailing Address: _____

Contact name: _____ Phone number(s): _____

Contact email: _____

Type:	Pool	Wading pool	Spa	Pool(s) and/or spa(s) physical address:
Number:				

Check one of the following regarding compliance with the 2010 ADA Standards:

- ☐ The pools and/or spas located at this facility **are required** to meet the 2010 ADA Standards and **fully comply** or will submit plans by September 15, 2012 to bring the facility into full compliance with these Standards.
- ☐ The pools and/or spas located at this facility **are required** to meet the 2010 ADA Standards but compliance is "**not readily achievable**" at this time (see, for example, <http://www.ada.gov/regs2010/smallbusiness/smallbusprimer2010.htm#readilyachievable>).
- ☐ The pools and/or spas located at this facility **are not required** to meet the 2010 ADA Standards.
- ☐ The pools and/or spas located at this facility **are required** to meet the 2010 ADA Standards but **do not** meet the Standards.

Owner's Statement:

I have carefully examined and read this form and understand that providing false information may result in denial, suspension or revocation of an operating permit. I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing affidavit are true.

Signature

Title

Date